

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Lorraine Fournier, D.V.M.

Petition No. 960510-047-009

CONSENT ORDER

WHEREAS, Lorraine Fournier, D.V.M. of Somers, Connecticut (hereinafter "respondent") has been issued license number 000626 to practice veterinary medicine by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 384 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent admits that:

1. She has routinely reused syringes with needles to vaccinate animals.
2. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes Section 20-202, including but not limited to:
 - a. 20-202(2); and/or,
 - b. 20-202(9).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Board of Veterinary Medicine (hereinafter "the Board"), the above allegations in this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §19a-9, §19a-14, and §20-202 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-202 of the Connecticut General Statutes, as amended, Lorraine Fournier, D.V.M., hereby stipulates and agrees to the following:

1. That she waives her right to a hearing on the merits of this matter.
2. That she shall pay a civil penalty of five hundred dollars (\$500) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits this Consent Order to the Department.
3. Her license to practice veterinary medicine shall be placed on probation for sixty (60) days, during which time she shall complete course work, pre-approved by the Department, in universal precautions regarding infection control, and provide proof to the satisfaction of the Department of successful completion of such course.
4. In the event that the Department receives proof to its satisfaction of respondent's successful completion of the course work required in paragraph 2 above prior to the expiration of the sixty (60) day probationary period, respondent's probation shall be terminated at such time.
5. Respondent shall properly discard syringes and needles after each use, and shall use a sterile syringe and needle for every injection.
6. All correspondence and reports are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
410 Capitol Avenue, MS #12LEG
P.O. Box 340308
Hartford, CT 06134-0308

7. That she shall comply with all state and federal statutes and regulations applicable to her licensure.
8. That she understands that this Consent Order is a matter of public record.
9. That any alleged violation of any provision of this Consent Order, may result in the following procedures at the discretion of the Department:

- a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9a above to demonstrate to the satisfaction of the Department that she has complied with the terms of this Consent Order or, in the alternative, that she has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, she shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. That, in the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Board.
 11. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health System Regulation of the Department.
 12. That this Consent Order is effective on the first day of the month immediately following the date said order is accepted and ordered by the Board.

13. That respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this Consent Order is at issue, or (2) her compliance with §20-202 of the General Statutes of Connecticut, as amended, is at issue.
14. That any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
15. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that she may have under the laws of the State of Connecticut or of the United States.
16. That this Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
17. That respondent permits a representative of the Legal Office of the Bureau of Regulatory Services of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
18. That respondent understands and agrees that she is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which she is away from her residence.
19. That respondent has the right to consult with an attorney prior to signing this document.

I, Lorraine Fournier, D.V.M., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Lorraine Fournier DVM
Lorraine Fournier, D.V.M.

Subscribed and sworn to before me this 23rd day of December 1996.

Renée G. Gagne
Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 14th day of January 1997^{ed}, it is hereby accepted.

Cynthia G. Denne
Cynthia G. Denne, R.N., MPH, Director
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the Board of Veterinary Medicine on the 22 day of January 1997, it is hereby ordered and accepted.

Richard R. Owen
Board of Veterinary Medicine




STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 26, 1997

Dr. Lorraine Fournier *VET.*
410 Springfield Road
Somers, Connecticut 06071

Re: Consent Order
Petition No. 960510-047-009
License No. 000626


Dear Dr. Fournier:

Please be advised that you have completed the terms of your license probation, effective the date of this letter.

Notice shall be sent to our License and Registration section to remove any restrictions from your license related to the above-referenced Consent Order.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton
Nurse Consultant
Legal Office

cc: Dr. Jerold Bell
Attorney Stephen Bacon
Debra Tomassone



Phone: (860) 509-7651

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # *1216A*
P.O. Box 340308 Hartford, CT 06134

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